

Department of Veterans Affairs		1A. VA FILE NUMBER	1B. SUFFIX LETTER
REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING SURVIVORS' AND DEPENDENTS' EDUCATION ASSISTANCE (Under Provisions of Chapter 35, Title 38, U.S.C.)		2. ADDRESS OF VA OFFICE WHERE YOUR RECORDS ARE LOCATED <i>(If known)</i>	
PART I - APPLICANT			
3. NAME OF APPLICANT <i>(First, Middle initial, Last)</i>		4. NAME OF VETERAN <i>(First, Middle initial, Last)</i>	
5. MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)</i>		6. APPLICANT'S SOCIAL SECURITY NUMBER <i>(9 Digits)</i>	
7. TELEPHONE NUMBER <i>(Including Area Code)</i>		8A. ARE YOU NOW ON ACTIVE DUTY IN THE ARMED FORCES?	
A. DAYTIME ()	B. EVENING ()	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," Complete Item 8B)</i>	
8B. DATE BEGAN ACTIVE DUTY <i>(Month, day, year)</i>		9. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR IS AN ANNULMENT PENDING?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
10. IF YOU ARE THE SURVIVING SPOUSE OF A VETERAN ON WHOSE ACCOUNT BENEFITS ARE CLAIMED, HAVE YOU REMARRIED SINCE HIS OR HER DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11A. ARE YOU AN EMPLOYEE OF THE U.S. GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11B. IF YOU ARE A FEDERAL GOVERNMENT EMPLOYEE, DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEES' TRAINING ACT FOR THE SAME TIME PERIOD WHEN YOU EXPECT TO RECEIVE EDUCATIONAL ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. NAME AND ADDRESS OF LAST PLACE OF EDUCATION OR TRAINING			
13. ACTUAL OR EXPECTED TERMINATION DATE OF LAST TRAINING <i>(Month, day, year)</i>		14. REASON FOR CHANGING COURSE OR PLACE OF TRAINING	
PART II - PROGRAM OF EDUCATION OR TRAINING			
15. IF YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL <i>(Please specify)</i>			
16. DESCRIBE THE COMPLETE PROGRAM IN GENERAL TERMS <i>(List each diploma, degree or vocational course)</i>			
17. SHOW THE NAME AND ADDRESS OF YOUR SCHOOL OR TRAINING ESTABLISHMENT <i>(If known)</i>		18. SHOW THE DATE YOU STARTED OR WILL START TRAINING <i>(If known)</i>	
19. EDUCATION OR TRAINING WILL BE BY:			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SCHOOL ATTENDANCE <input type="checkbox"/> CORRESPONDENCE <i>(Spouse or Surviving Spouse only)</i> </div> <div> <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING <input type="checkbox"/> FARM COOPERATIVE </div> </div>			

20. REMARKS

CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and complete to the best of my knowledge and belief.

PENALTY: Making willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

21A. SIGNATURE OF APPLICANT (*Do not print*)

21B. DATE SIGNED

PRIVACY ACT INFORMATION: No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28. Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

HOW TO USE THESE INSTRUCTIONS AND APPLY FOR BENEFITS

Tear off these instructions from the portion of the application form that you fill in. We suggest that you place these instructions next to the fill-in questions. This can assist you in referring to the instructions as you complete each item.

After completing the fill-in portions of this form, see **HOW TO FILE YOUR CLAIM** at the end of these instructions for information on where to take or send your completed application to apply for a change of program or place of training.

Part I. Part I contains Items 1 through 14. Complete Part I of this form to apply for a change of place of training or change of program.

A CHANGE OF PLACE OF TRAINING. If you are pursuing the same course or program, you may change your place of training without restriction provided that your attendance, progress and conduct are satisfactory, and the transfer can be made without a substantial loss of credit or standing.

A CHANGE OF PROGRAM is a change of the educational, professional, or vocational objective for which you entered training. The following are not considered a change of program: (1) a change in your objective following the successful completion of the immediately preceding program; (2) a change in your objective that leads to the same general field as the previous program; (3) a change in your objective when the program you took before the current program is a prerequisite to or generally required for pursuit of the new program; (4) a return to any former program without a material loss of credit or standing. (A material loss of credit for college means more than 12 credits do not apply to the new program. A material loss of credit for courses measured in clock hours means more than 10 percent are not transferred to the new program.); OR (5) a change in your objective with no material loss of credit.

A veteran's spouse or surviving spouse may be authorized one change of program upon request if his or her attendance, progress and conduct in the original program were satisfactory.

A veteran's child may be authorized one change of program if his or her attendance, progress and conduct in the original program were satisfactory and VA finds the new program is suitable.

Additional changes of program will be permitted if VA finds the new program is suitable.

VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE. VA can help you plan your individual educational and career goals. VA counseling services include educational and vocational guidance. It may include testing to develop a greater understanding of your skills, talents, and interests. Call VA Toll-Free at **1-800-827-1000 or TDD 1-800-829-4833** for further information on VA counseling.

NOTE: REQUESTING COUNSELING SERVICES WILL NOT DELAY THE PROCESSING OF YOUR CLAIM.

SCHOOLS AND TRAINING ESTABLISHMENTS. You may attend vocational or technical schools, business colleges, colleges and universities. Benefits are payable while you are training in an approved apprenticeship, on-the-job training, or farm cooperative program. Special training can also be authorized for an eligible son or daughter when needed to overcome or lessen the effects of a physical or mental handicap.

RESTRICTIONS:

- a. Benefits may be authorized only for an approved program leading to an educational, professional, or vocational objective for which you are not already qualified.
- b. The law prohibits the approval of courses for recreational or vocational purposes, bartending, or personality development courses.
- c. VA benefits are not payable under this program while an eligible person is serving on active duty.
- d. Benefits cannot be paid for audited classes. Further, benefits will not be payable for a course from which you withdraw, or for a course in which you receive a grade that does not count towards graduation, unless you show that your withdrawal from those courses was due to reasons beyond your control. The reasons must be unavoidable and unexpected events that directly interfered with your enrollment. The first time that you withdraw from up to 6 credit hours, we will excuse the withdrawal and pay benefits for the period attended.
- e. Benefits will be discontinued if you do not maintain satisfactory progress and conduct in training.
- f. Benefits are subject to reduction or termination during periods of incarceration for a felony in a Federal, State, or local correctional facility, a halfway house, or work release program.
- g. VA benefits cannot be authorized for any courses that are taken by an employee of the Federal government under the Government Employees's Training Act. (This does not include active duty persons or work-study recipients.) If you may receive benefits under the Government Employees' Training Act for your training, state full details in Item 20, Remarks.
- h. VA benefits cannot be authorized for any courses that are paid for in part, or in full, by the Public Health Service.

ADVANCE PAYMENT--You may receive an advance payment if

* your school participates in the advance payment program

and

* you enroll in school on at least a half-time basis.

The advance payment will include benefits for the initial month or partial month of training, and the following month. To request an advance payment, contact the school you will attend at least 30 days but not more than 120 days before the beginning of the term. VA mails advance payment checks to the veterans certifying official at the school. The veterans certifying official will give you the check upon registration but no earlier than 30 days before classes begin.

HIGH SCHOOL TRAINING AND REMEDIAL, REFRESHER OR DEFICIENCY TRAINING: If you have not received a high school diploma or the equivalent, or you need to pursue refresher, remedial, or deficiency training, you may receive benefits for such training for up to five (5) months without a charge to your entitlement. The appropriate amount of entitlement will be charged for any benefits paid after five (5) months. Payment of such benefits cannot begin before a child's 18th birthday, unless the child has passed: compulsory school attendance age under State law; or his or her 14th birthday, and due to physical or mental handicap may benefit by special restorative or specialized vocational training.

WORK-STUDY ALLOWANCE: You may be eligible to earn an additional allowance from VA if you are enrolled in a full-time or three-quarter time program of education or training (other than a program of special restorative training). The maximum number of hours you may work under a work-study agreement will be based on 25 times the number of weeks in your enrollment. You will be paid at a rate equal to the Federal minimum wage, or your State minimum wage, whichever is greater.

NOTE ON CORRESPONDENCE TRAINING: (Only spouses and surviving spouses qualify for correspondence training.) If you plan to enroll in a correspondence course or a combination correspondence-residence course, be sure the field of study is suitable to your abilities and interests before you sign a contract with the school. (Information on correspondence courses is available at the nearest U.S. Veterans Assistance Center or VA regional office.) The correspondence school may require you to pay for all or the majority of the course even though you complete only a portion of it. Unlike the other training programs shown above, payments for correspondence courses are made quarterly after VA receives your certification showing the number of lessons you completed during the previous quarter.

You must affirm a contract for enrollment in a correspondence course more than 10 days after you sign the contract. If you decide not to enroll in a correspondence course after signing a contract but before signing the affirmation, you are entitled to receive a full refund from the school of any payment made for the course.

CHANGE OF ADDRESS--You must keep VA informed of your latest address. Whenever you move, notify VA immediately. Be sure to show your complete mailing address, including ZIP code.

HELP--If you need help in completing this application, call VA TOLL FREE at **1-888-GI-BILL-1 (1-888-442-4551)**. If you are hearing impaired, call 1-800-829-4833. For information on other VA benefits, call 1-800-827-1000. You can also get education assistance even after normal business hours at our education internet site: **WWW.GIBILL.VA.GOV/**.

ITEMS ON APPLICATION-- Instructions relating to specific items in the application are discussed in **SPECIFIC INSTRUCTIONS**.

SPECIFIC INSTRUCTIONS

The numbers of the instructions in this section match the item numbers on the application. (Items not specifically shown are considered as being self explanatory.)

ITEM 1A. Show the veteran's nine digit Social Security number unless the veteran previously filed a claim and has a VA claim number.

ITEM 1B. Show your specific suffix, if known.

ITEM 2. Show the location of the VA office where your records are located (if known).

ITEM 3. Show your name: first, middle initial, and last.

ITEM 4. Show the name of the veteran: first, middle initial, and last.

ITEM 5. Show your mailing address.

ITEM 6. Show your Social Security number. (This is a required entry.)

ITEM 20. Use this space to provide information that does not fit elsewhere on this form, or that you think will help VA process your claim. Refer to other item numbers on this form to help us match your answers to the correct question. Attach additional sheets of paper if necessary.

ITEM 21 A and B. Be sure to sign and date your application.

Part II. Part II contains Items 15 through 20. Complete Part II of this form if you know your program of education or training you wish to pursue.

HOW TO FILE YOUR CLAIM

After completing the fill-in portion of this form, tear off the instructions and do the following:

If you have selected a school or training establishment,

* Give the completed portion of this application to the veterans certifying official at the school or training establishment you have selected.

* Request the certifying official to complete VA Form 22-1999, Enrollment Certification.

* Have the school certifying official send both your application and the Enrollment Certification to VA.

If you have not selected a school or training establishment,

* Send the completed portion of this application to the regional processing office in the region of your home address. See addresses listed below.

Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616				Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830			
Serving the following states:				Serving the following states:			
CT	DE	DC	ME	CO	IA	IL	IN
MD	MA	NH	NJ	KS	KY	MI	MN
NY	OH	PA	RI	MO	MT	NE	ND
VT	VA	WV	Foreign Schools	SD	WI	WY	

Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888				Southern Region: VA Regional Office P. O. Box 54346 Atlanta, GA 30308-0346			
Serving the following states:				Serving the following states:			
AK	AZ	CA	HI	AL	AR	FL	GA
ID	NM	NV	OK	LA	MS	NC	PR
OR	Philippines	TX	UT	SC	TN	US Virgin Is	
WA							